

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION              |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>IL6000269</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/01/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MANORCARE OF KANKAKEE</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>900 WEST RIVER PLACE<br/>KANKAKEE, IL 60901</b>                              |                          |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |  |
| S9999  | <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610 a)<br/>300.1210b)<br/>300.1210d)2)<br/>300.1210d)3)<br/>300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,</p> | S9999   |  |                          |  |

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/23/15

Illinois Department of Public Health

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| S9999   | Continued From page 1<br><br>seven-day-a-week basis:<br><br>2) All treatments and procedures shall be administered as ordered by the physician.<br><br>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.<br><br>Section 300.3240 Abuse and Neglect<br>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)<br><br>These Requirements are not met as evidenced by:<br><br>Based on observations, interview and record review the facility failed to notify the physician of uncontrolled pain, notify the medical director when the attending physician failed to respond to pain issues and update and modify the treatment plan for pain. This failure resulted in R1 experiencing uncontrolled pain without interventions.<br>This applies to one of eight residents, R1, reviewed for pain from the sample of 16.<br>The findings include:<br>R1 was admitted to the facility on 11/17/14 per the admission face sheet. The current physician order sheet show diagnoses as Spondylosis, Spinal Stenosis, Depression and failure to thrive. The clinical record show through nursing and nutritional notes, R1 has had significant weight loss, loss of appetite and increasing pain. The clinical notes showed R1 developed an | S9999  |  |                          |   |

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| S9999   | Continued From page 2<br><br>unavoidable pressure ulcer per the current wound care Physician Z1.<br>On 9/28/115 at 4:45pm R1 was in a low bed. R1 was moaning and turning head back and forth. E5 (Licensed Practical Nurse) was standing over R1 attempting to administer medication. E5 came to the doorway and told E8 (Licensed Practical Nurse) R1 was not taking the medication. E8 told E5, "You have to come down to R1's level and use a soft voice." E5 continued to attempt to give the medication to R1.<br>At 5:00pm E5, Licensed Practical Nurse, went into R1's room. E5 stated R1 was getting Norco for pain. R1 started moaning and shaking head back and forth. R1's lips were tightly closed. E5 continued to push the spoon through R1's closed lips several times. E5 then offered R1 fluid from a glass with a straw. R1 took only a few sips of the fluid. At 5:10pm E6 Registered Nurse (wound nurse) came in the room to perform wound care on R1. R1 moaned and screamed out loudly throughout positioning and cleansing of the wounds. R1 continued to moan and showed facial grimacing, muscle tension and thrashing of arms throughout the wound care to the three wounds. E6 said R1's physician "was not wanting to change pain management orders" for R1. E6 said that no other routes had been tried for medications.<br>On 9/29/15 E2 Director of Nursing said that the staff was to call her or the Medical Director if a physician is not returning a call or giving a resident something they need.<br>The current care plan for pain for R1 is not individualized or updated to their current needs. R1's care plan for pain showed an intervention initiated on 4/17/15 to notify the physician if the current analgesia regime is not effective and if the resident has worsening pain.<br>The clinical record for R1 showed nursing note | S9999  |  |                          |   |

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| S9999  | Continued From page 3<br><br>dated February 19 2015 that R1 had pain for 5 days and R1 described the pain as severe. R1 reported that this pain limits activities and sleep. A note written on 2/24/15 showed that an appointment with the physician was cancelled as no staff was scheduled to go with R1 to the appointment. The nursing notes do not show the physician was notified. The physician order sheet does not reflect a change in pain medication or administration. Multiple entries by nursing staff on 3/14/15, 3/17/15, 5/21/15, 7/17/15, 8/2/15, 8/7/15, 8/8/15, 8/12/15, 8/14/15, 8/16/15, 8/17/15, 8/20/15 and 8/23/15 showing R1 screaming, moaning and crying out in pain. Many of the entries do not show the physician was notified. Some of the notes showed R1's physician would only make a decision of changing pain medicine from acetaminophen or tramadol after seeing the resident in his office. The nursing note dated 8/24/15 showed R1 was evaluated and accepted for palliative care by a community hospice agency. The nursing notes throughout September show many episodes of R1 screaming out complaining of pain and moaning. On 9/14/15 the nursing note showed that an order for acetaminophen 650 milligrams every six hours and to give with Tramadol 25 milligrams if necessary. The clinical record showed continued documentation of frequent episode of pain, crying out and screaming. A clinical note dated 9/8/15 from Hospice Nurse Practitioner recommends the Tramadol should be discontinued due to uncontrolled pain and R1 should be getting Roxanol scheduled and as needed. The note showed R1's physician should be called and notified of these recommendations. There is no documentation in R1's clinical record to show the Physicians notification and or response to this information.<br><br>The physician order dated 9/21/15 showed Z1 | S9999   |  |                          |  |

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| S9999   | <p>Continued From page 4</p> <p>ordered acetaminophen with hydrocodone to be given every four hours as needed for pain. The Controlled Substance record showed the medication was not given on a consistent basis compared to the nursing notes showing when R1 had pain. The record showed on 9/28/15 R1 received the medication at 2:30pm and then again at 5:00pm right before the dressing change. The wound care assessments for R1 do not show if R1 had pain before during or after the treatment or if R1 received medication for pain. The Medication Administration Record does not show the severity of the pain or the effectiveness of the medications.</p> <p>A pain evaluation dated 7/17/15 and 9/10/15 did not show the severity of R1's pain or the ineffectiveness of the current treatments in place for pain. The pain evaluation dated for 9/28/15 at 6:04pm showed it was determined R1's current medications were not effective and a call was made to Z1(Medical Director) for further instruction. On 9/30/15 Z1 came to see R1 and prescribed Roxanol 10 to 20 milligrams every three hours as needed for pain per the wound care progress note.</p> <p>The policy for pain dated 2011 shows the staff are to develop/revise initial or interdisciplinary care plans as applicable, to contact the physician for orders and residents are evaluated daily for evidence of pain, pain evaluation before and after as needed pain medications are given and are to be recorded in the Medication Administration Record.</p> <p>(B)</p> <p>300.2100</p> | S9999   |  |   |

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| S9999                    | <p>Continued From page 5</p> <p>300.2100 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).<br/>(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)</p> <p>750.540 Management Sanitation Training and Certification</p> <p>a) All food service establishments as defined in Section 750.10, except Category III facilities, shall be under the operational supervision of a certified food service sanitation manager. Category III facilities do not require the operational supervision of a certified food service sanitation manager.</p> <p>1) Category I facilities. Category I facilities as defined in Section 750.10 shall have a certified food service sanitation manager on the premises at all times that potentially hazardous food is being handled, except as specified in subsections (a)(1)(A) and (B) of this Section. A certified food service sanitation manager is not required on the premises during hours of operation when all food products sold have been prepared and packaged commercially or prepared under the supervision of a certified food service sanitation manager.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure individuals certified in sanitation were present on premises at all times during the preparation and service of perishable foods.</p> <p>This affects all 76 residents receiving oral diets in</p> | S9999               |  |                          |

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| S9999   | Continued From page 6<br><br>the facility.<br><br>The findings include:<br><br>On October 1, 2015 at 1:00 PM, the food service department sanitation licenses provided by the facility showed only two individual E16 (Dietary Manager) and E20 (Cook) were licensed by the Department of Public Health as being certified in food service sanitation. E20's certification expired on March 23, 2014. There are four cooks employed by the facility. The other three cooks were not certified in food service sanitation. On October 1, 2015 at 1:00 PM, E22 (Payroll) said food service sanitation license were not found for E19 (Cook) and E21 (Cook). On September 29, 2015 at 11:20 AM - 12:30 PM, E19 (Cook) was observed cooking, preparing and serving food. The dietary schedules from September 16, 2015 - September 30, 2015 showed 15 out of 15 days, the kitchen prepared and served perishable foods during times that an individual certified in food service sanitation was not present.<br><br>(AW) | S9999  |  |                          |   |